



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 03, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014127

[REDACTED]

Dear [REDACTED]

On March 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s December 13, 2016 eligibility determination notice and December 13, 2016 disenrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
 NY State of Health Appeals
 P.O. Box 11729
 Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

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Decision

Decision Date: May 03, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014127



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your daughter's enrollment in her Child Health Plus (CHP) plan ended, effective December 31, 2016?

Procedural History

On October 8, 2016, NYSOH issued an enrollment confirmation notice stating that your daughter was enrolled in a CHP plan with a start date of November 1, 2016. The notice directed you to provide proof of income for your daughter by December 6, 2016. The notice stated that if you missed the due date, you might lose your insurance coverage or receive less help paying for your coverage.

On October 10, 2016, NYSOH issued an eligibility determination stating that your daughter was eligible for CHP coverage for a limited time, effective November 1, 2016. The notice directed you to provide proof of income for your daughter by December 6, 2016. The notice stated that if you missed the due date, you might lose your insurance coverage or receive less help paying for your coverage.

On December 13, 2016, NYSOH issued an eligibility determination stating that your daughter was newly eligible to purchase a qualified health plan at full cost, effective January 1, 2017. The notice stated that your daughter did not qualify for CHP because you did not provide proof of your household's income within the required timeframe.

Also on December 13, 2016, NYSOH issued a disenrollment notice stating that your daughter's CHP coverage would end effective December 31, 2016.

On December 19, 2016, NYSOH made a preliminary determination that your daughter was eligible for CHP for a limited time, effective February 1, 2017.

Also on December 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the termination of your daughter's CHP coverage for the month of January 2017.

On December 20, 2016, NYSOH issued an eligibility determination stating that your daughter was eligible for CHP for a limited time, effective February 1, 2017.

Also on December 20, 2016, NYSOH issued an enrollment confirmation notice stating that your daughter was enrolled in a CHP plan with a start date of February 1, 2017.

On March 31, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified, and your application indicates, that you receive all your notices from NYSOH by regular mail.
- 2) You testified that you did not receive NYSOH's October 10, 2016 notice stating that you needed to provide documentation of your household's income by December 6, 2016.
- 3) No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.
- 4) Your NYSOH account indicates that on December 12, 2016 your application was run and your daughter was found no longer eligible for CHP as of December 31, 2016.
- 5) You testified that you did not know that you needed to submit documentation of your household's income until you received the December 13, 2016 disenrollment notice from NYSOH stating that your daughter's coverage in her CHP plan would end December 31, 2016.

- 6) Your NYSOH account reflects that you updated your account on December 19, 2016 and your daughter was re-enrolled into a CHP plan as of February 1, 2017.
- 7) You testified that your daughter has medical and prescription medication costs which were incurred during January 2017.
- 8) You testified that you are seeking enrollment for your daughter in her Child Health Plus plan for the month of January 2017.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (NY PHL) § 2511(2)(a)(iii)).

To be eligible for CHP, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY PHL § 2511(2)(a)-(e)).

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH is unable to verify the applicant's household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable amount of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's CHP eligibility (42 CFR § 457.340(e)). When CHP coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions to allow CHP coverage to continue without interruption (42 CFR § 457.340(e)(2); 42 CFR § 457.1130(a)(3)). Notice is considered received five days after the date on the notice, unless the applicant demonstrates that he

or she did not receive the notice within the five-day period (45 CFR § 155.315(c)(3), (f)(2)(i)).

The State of New York has provided that a child's period of eligibility for CHP begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

The only issue under review is whether NYSOH properly determined that your daughter's eligibility for coverage through Child Health Plus ended effective December 31, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH. When an application requests financial assistance, NYSOH must verify an applicant's household income.

If NYSOH cannot verify the household income attested to by the applicant through available data sources, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a reasonable amount of time to provide documentation or information to resolve that inconsistency.

In the eligibility determination notice issued on October 10, 2016, you were advised that your daughter's eligibility for CHP was conditional, and that you needed provide documentation confirming your household's income by December 6, 2016.

You testified that you did not receive NYSOH's October 10, 2016 notice stating that you needed to provide documentation of your daughter's income by December 6, 2016. You testified, and your application indicates, that you receive all your notices from NYSOH via regular mail. However, there is no evidence that any notices that were sent to the address listed on your NYSOH account have been returned as undeliverable.

Therefore, it is found that NYSOH properly notified you of an inconsistency in your account and that documentation was needed to confirm the income you listed in the account.

On December 13, 2016, NYSOH issued an eligibility determination stating that your daughter was newly eligible to purchase a qualified health plan at full cost, effective January 1, 2017. The notice stated that your daughter did not qualify for

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CHP because you did not provide proof of your household income within the required timeframe. Also on December 13, 2016, NYSOH issued a disenrollment notice stating that your daughter's CHP coverage would end effective December 31, 2016.

When NYSOH denies, terminates, or suspends a child's CHP coverage, they are required to provide sufficient notice so that a child's parent can prevent a gap in coverage for the child. Notice is considered received five days after the date on the notice. In this case, the notice formally disenrolling your daughter from her CHP plan was dated December 13, 2016. Therefore, the notice terminating your daughter's enrollment would be considered received as of December 18, 2016.

When changes are made to an individual's application after the 15th of any month, NYSOH must make the redetermination that results from a change effective the first day of the next following month. Since you would have received NYSOH's notice terminating your daughter's CHP eligibility on the 18th of the month, you would not have had sufficient time to prevent a gap in coverage. The December 13, 2016 notice date did not provide sufficient time to reasonably allow you to provide the necessary income documentation in a manner that would have prevented a gap in your daughter's CHP coverage.

Therefore, NYSOH failed to provide you with sufficient notice that would have allowed you enough time to prevent a gap in CHP coverage for your daughter for the month of January 2017, and the December 13, 2016 eligibility determination and disenrollment notices are RESCINDED.

Decision

The December 13, 2016 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your daughter into her CHP plan for the month of January 2017.

Effective Date of this Decision: May 03, 2017

How this Decision Affects Your Eligibility

Your child should not have been terminated from her CHP plan in January 2017 for failure to submit proof of your household's income.

Your case is being sent back to NYSOH to reinstate your child into her CHP plan for the month of January 2017.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals

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P.O. Box 11729
Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The December 13, 2016 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your daughter into her CHP plan for the month of January 2017.

Your child should not have been terminated from her CHP plan in January 2017 for failure to submit proof of your household's income.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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